

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name <i>Mary Anna Brooks</i>		Town <i>Annapolis</i>		County <i>a. a.</i>	
Died at <i>Annapolis</i>		Date of death <i>1905 June 14/14</i>		Age <i>47</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>J. W. Brooks</i>			
Father's Name <i>Andre W. Chaney</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Chatharine L. Barker</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>J. W. Brooks</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yd</i>	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	

7



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

~~Name~~ **Alice Brown** <sup>Town</sup> **Annapolis** <sup>County</sup> **Anne Arundel** **MARYLAND**

Died at **Annapolis** **Anne Arundel** **MARYLAND**

Date of death **1905** <sup>Month</sup> **June** <sup>Day</sup> **28** <sup>Years</sup> **Age** **0** <sup>Months</sup> **6** <sup>Days</sup> **4**

Sex **Female** <sup>Color or Race</sup> **Colored** <sup>Birth-place</sup> **Annapolis.**

Occupation **\_\_\_\_\_** <sup>Where Residing if not at place of death</sup> **61 Acton Lane**

**\_\_\_\_\_**, Single <sup>Name of Wife or Husband</sup> **\_\_\_\_\_**

Father's Name **George Brown** <sup>Father's Birthplace</sup> **Annapolis**

Mother's Maiden Name **Lizzie Lane** <sup>Mother's Birthplace</sup> **Alto**

Name of person giving information **George Brown** <sup>How related to deceased</sup> **Father**

CAUSES OF DEATH

PHYSICIAN  
OF CORONER

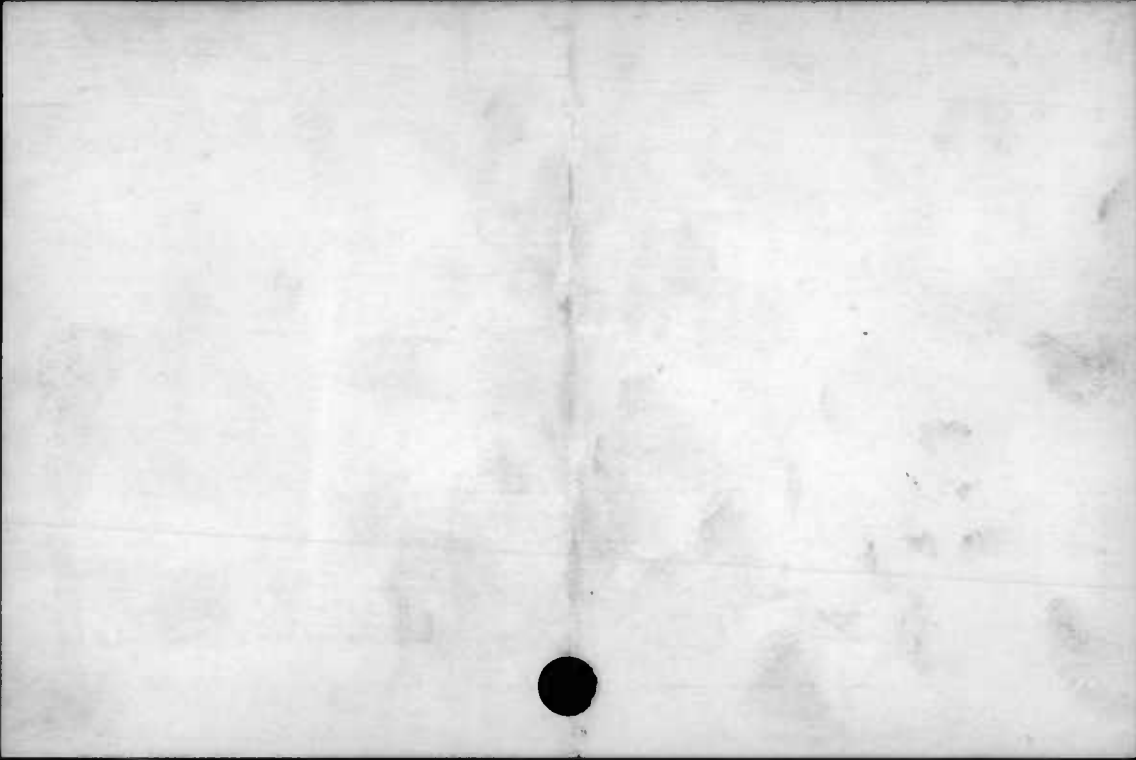
Primary **Marasmus** <sup>How long since Birth</sup> **179** **Since Birth**

Immediate **Exhaustion** <sup>How long</sup> **179**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **John Ridout M.D.** <sup>Address</sup> **Annapolis Md**

Accident or Suicide? **\_\_\_\_\_**



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>a a</i>		MARYLAND	
Date of death <i>190</i>	Month <i>June</i>	Day <i>30</i>	Age	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Campbell</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Mary L. Puckett</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>John L. Campbell</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Margaret Chambers</i> <i>and wife</i>
	Address <i>84 Prince George St</i>
Accident or Suicide?	

15.



Name  
in  
Full

Monerva Chambers

## CERTIFICATE OF DEATH

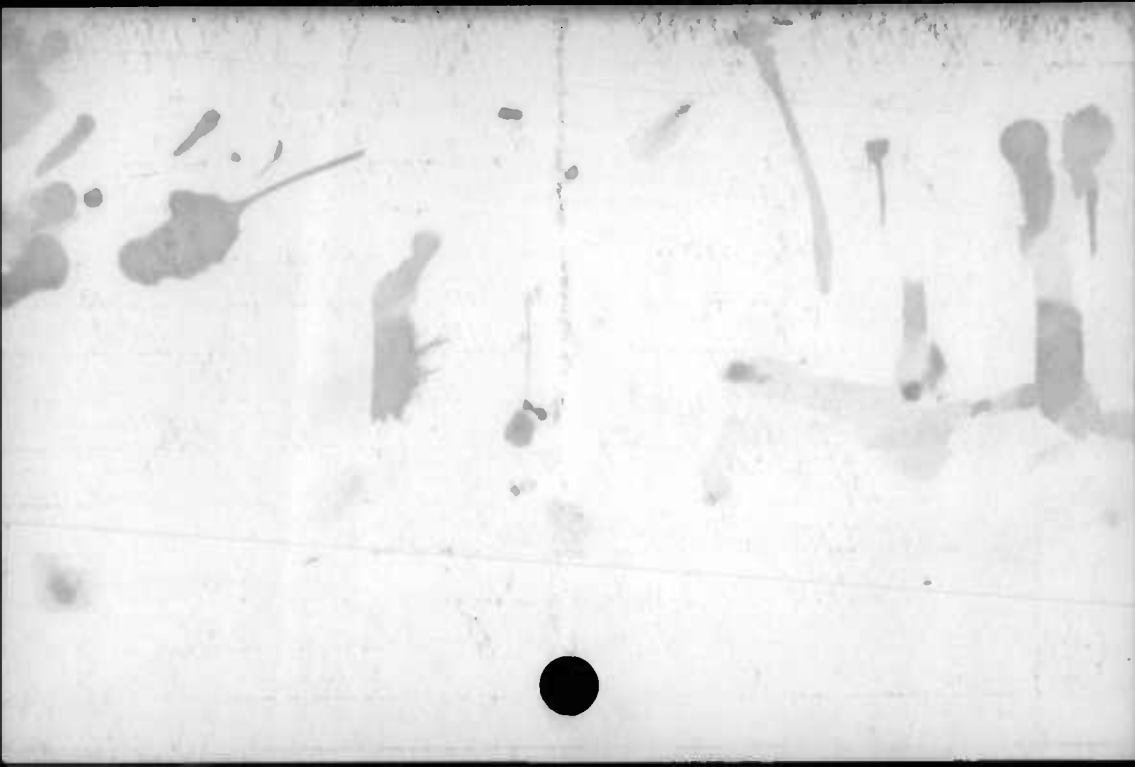
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Harmons</i> <sup>County</sup> <i>Anne Arundel</i> <i>MD</i> <b>MARYLAND</b>	
<b>Date</b> of death 190 <i>5</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>12</i> <sup>Years</sup> <i>81</i>	<b>Months</b> <i>0</i> <b>Days</b> <i>0</i>
<b>Sex</b> <i>Female</i> <b>Color or Race</b> <i>White</i> <b>Birth-place</b> <i>Maryland</i>	
<b>Married, Single or Widowed</b> <i>widowed</i> <b>Occupation</b> <i>none</i>	
<b>Name of Wife or Husband</b>	
<b>Father's Name</b>	<b>Father's Birthplace</b>
<b>Mother's Maiden Name</b>	<b>Mother's Birthplace</b>
<b>Name of person giving information</b> <i>Samuel Kelbough</i>	<b>How related to deceased</b> <i>not related</i>

## CAUSES OF DEATH

<b>Primary</b> <i>Infirmities of age</i>	<b>How long</b> <i>two years</i>
<b>Immediate</b> <i>heart disease</i>	<b>How long</b> <i>6 months</i>
<b>Are the name, age, sex, color, date and place correctly given above?</b> <i>yes</i>	<b>Signature of Physician</b> <i>Arthur Williams</i>
	<b>Address</b> <i>222 Ridge Howard Court</i>
<b>Accident or Suicide?</b> <i>no</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>William B Cooper</b>		Town <b>Annapolis</b>		County <b>AA</b>		State <b>MARYLAND</b>	
Died at <b>Annapolis</b>		Date of death <b>1905 June 4th</b>		Age <b>69 yrs</b>		Months <b></b>	
Sex <b>Male</b>		Color or Race <b>colored</b>		Birth-place <b>Annapolis</b>		Where Residing if not at place of death <b></b>	
Occupation <b>Plasterer</b>		Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Hennietta Cooper</b>		Father's Name <b>William Cooper</b>	
Mother's Maiden Name <b>Ann Brown</b>		Father's Birthplace <b>AA Co</b>		Mother's Birthplace <b></b>		How related to deceased <b>wife</b>	
Name of person giving information <b>Hennietta Cooper</b>							

CAUSES OF DEATH

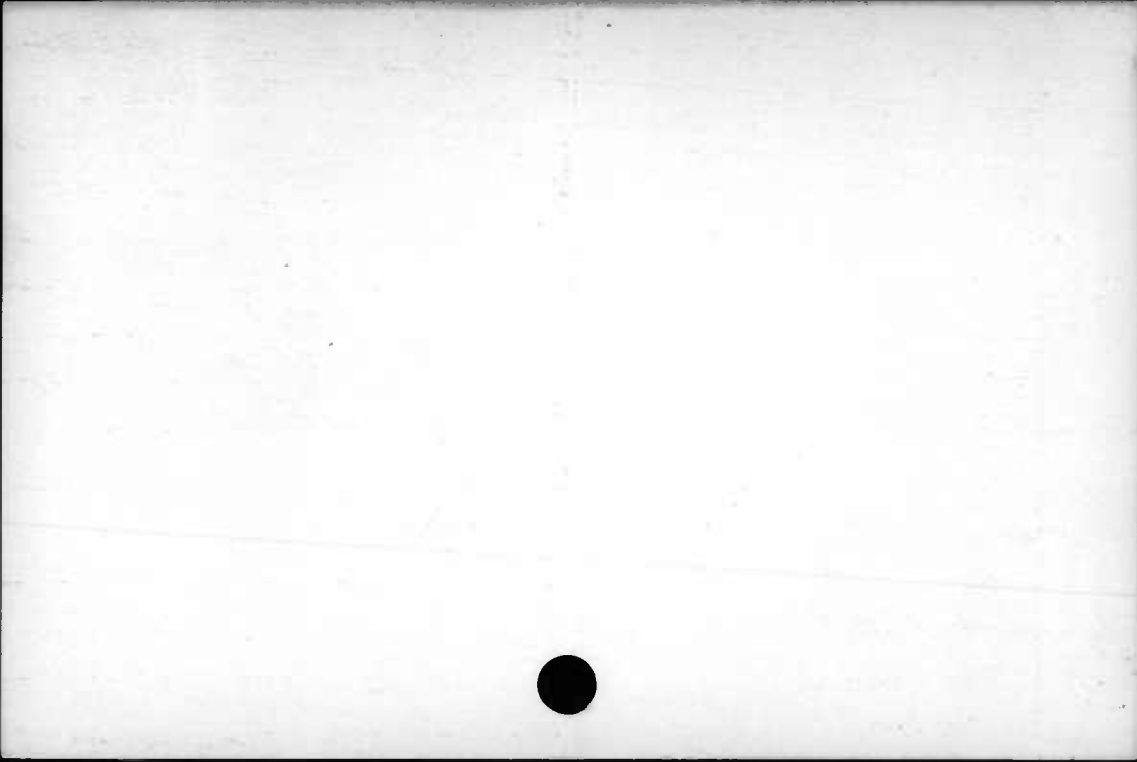
PHYSICIAN  
OR CORONER

Primary <b>Nephritis &amp; Hepatic congestion</b>	How long <b>10</b>	How long <b>Several Months</b>
Immediate <b>Exhaustion</b>		
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>John Ridout M.D.</b>	
	Address <b>Annapolis Md</b>	
Accident or Suicide? <b></b>		

✓



Name in Full		To Name		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Age	
	1905		June		23		8 hours	
	Sex		Color or Race		Birth-place			
	Male		Black		Anne Arundel			
	Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wile or Husband						
Father's Name		Benjamin Early		Father's Birthplace		A H Co Md		
Mother's Maiden Name		Reta Harris		Mother's Birthplace		A H Co Md		
Name of person giving information		Reta Harris		How related to deceased		Mother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Inanition		How long		8 hours	
	Immediate		Inanition		How long		8 hours	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
			C. R. Winters		E E Krieger		Md	
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Charles Eades

Town

Owensville

County

Anne Arundel

MARYLAND

Died at

Date

of death 1908

Month

June

Day

14

Years

Age

—

Months

14

Days

20

Sex

male

Color or  
Race

Colored

Birth-  
place

Owensville

Occupation

—

Where Residing if not  
at place of death

Owensville

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Jeremiah Eades

Father's  
Birthplace

Anne Arundel

Mother's  
Maiden Name

Maggie Eades

Mother's  
Birthplace

Anne Arundel

Name of person giving  
information

Jeremiah Eades

How related  
to deceased

father

## CAUSES OF DEATH

Primary

How long

Immediate

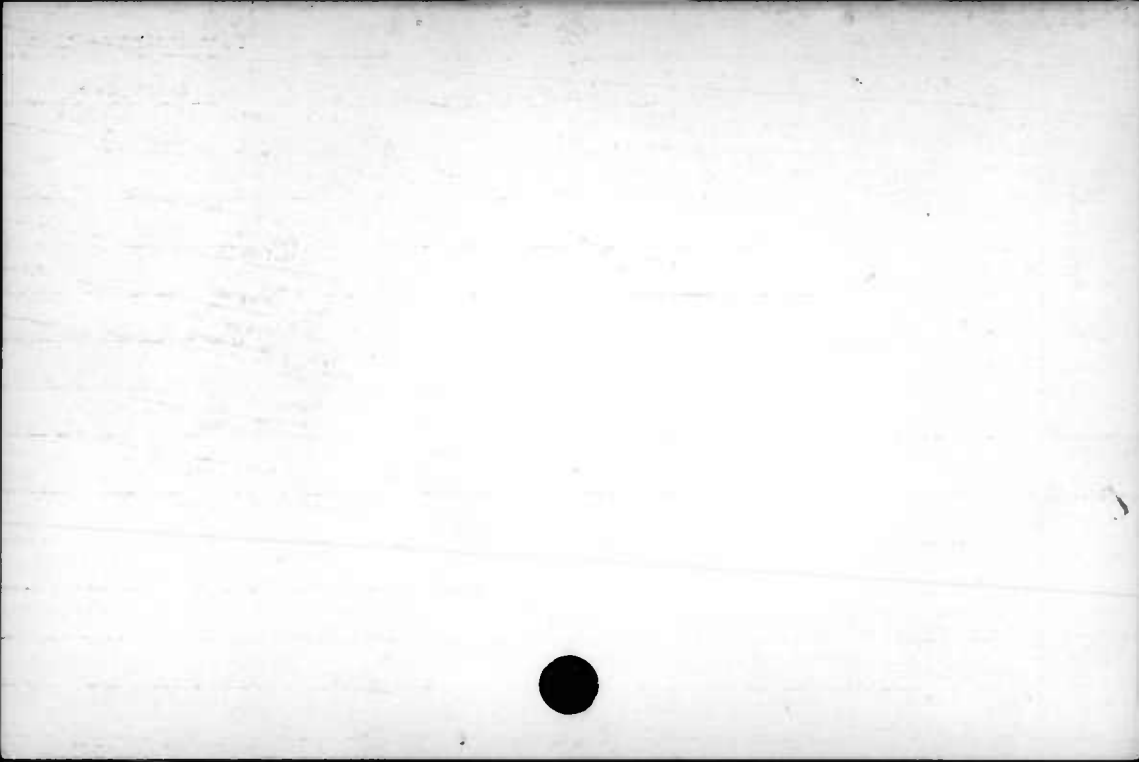
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

Macon Cawood  
West River,  
Md.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

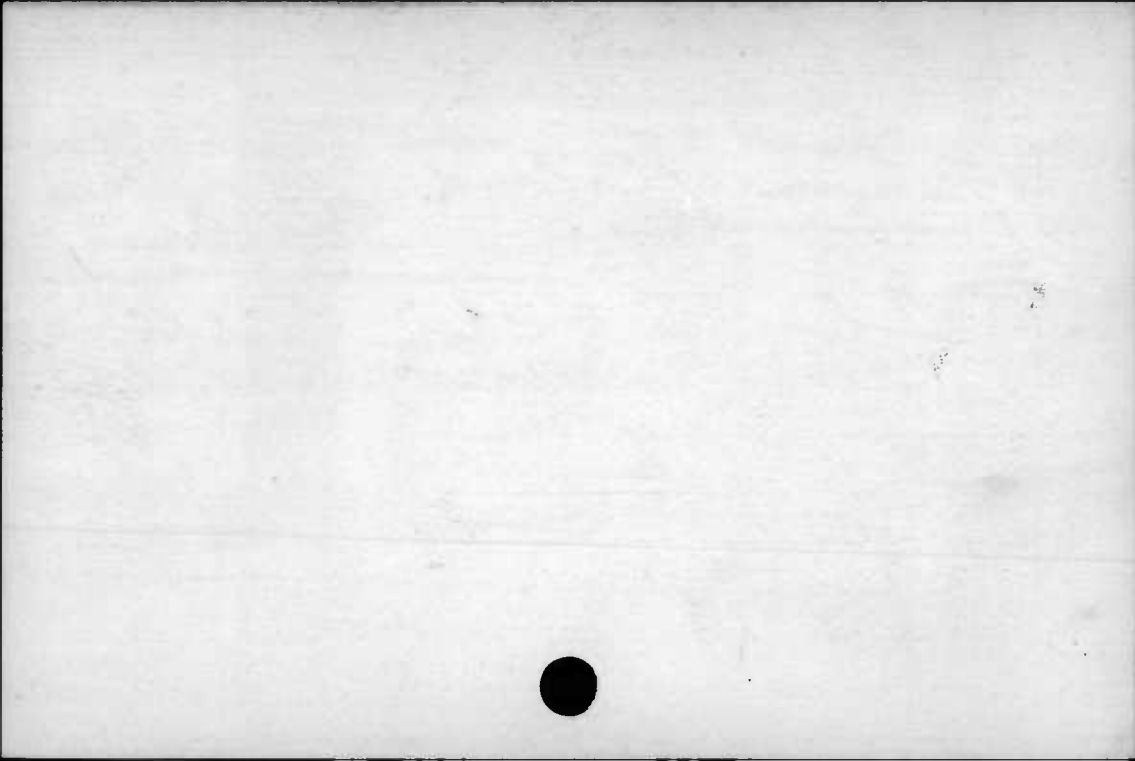
MARYLAND

Died at <i>Belmont</i>		Town <i>Belmont</i>		County <i>A.A.</i>	
Date of death <i>1900</i>	Month <i>June</i>	Day <i>11</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Belmont</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry Goldmeyer</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Math Meitzler</i>			Mother's Birthplace <i>Philadelphia</i>		
Name of person giving information <i>—</i>			How related to deceased <i>parents</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Borne</i>	<i>S.</i>	How long <i>—</i>
Immediate <i>Don't Know</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. Wells</i>	
<i>yes</i>	Address <i>Annapolis Md.</i>	
Accident or Suicide? <i>no</i>		



Name  
in  
Full

*Angie Fisher*

CERTIFICATE OF DEATH

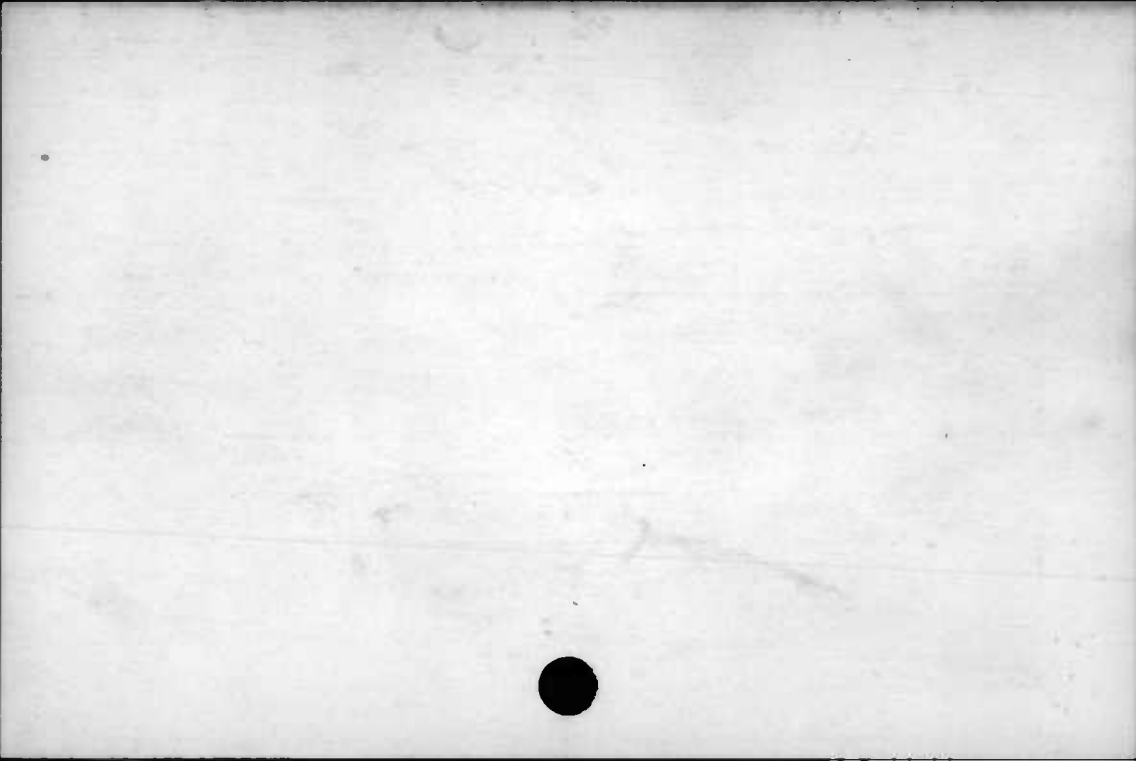
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Campville</i>		Town <i>Arundel</i>		County		MARYLAND	
Date of death <i>1905 June 27</i>		Month <i>June</i>		Day <i>27</i>		Age <i>Three</i> Years <i>Five</i> Months <i>Five</i> Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Parole</i>			
Occupation <i></i>				Where Residing if not at place of death <i>Parole, Md</i>			
<del>Married</del> Single				Name of Wife or Husband <i></i>			
Father's Name <i>Solomon Fisher</i>				Father's Birthplace <i>A. A. Co.</i>			
Mother's Maiden Name <i>Priscilla Wilson</i>				Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i></i>			

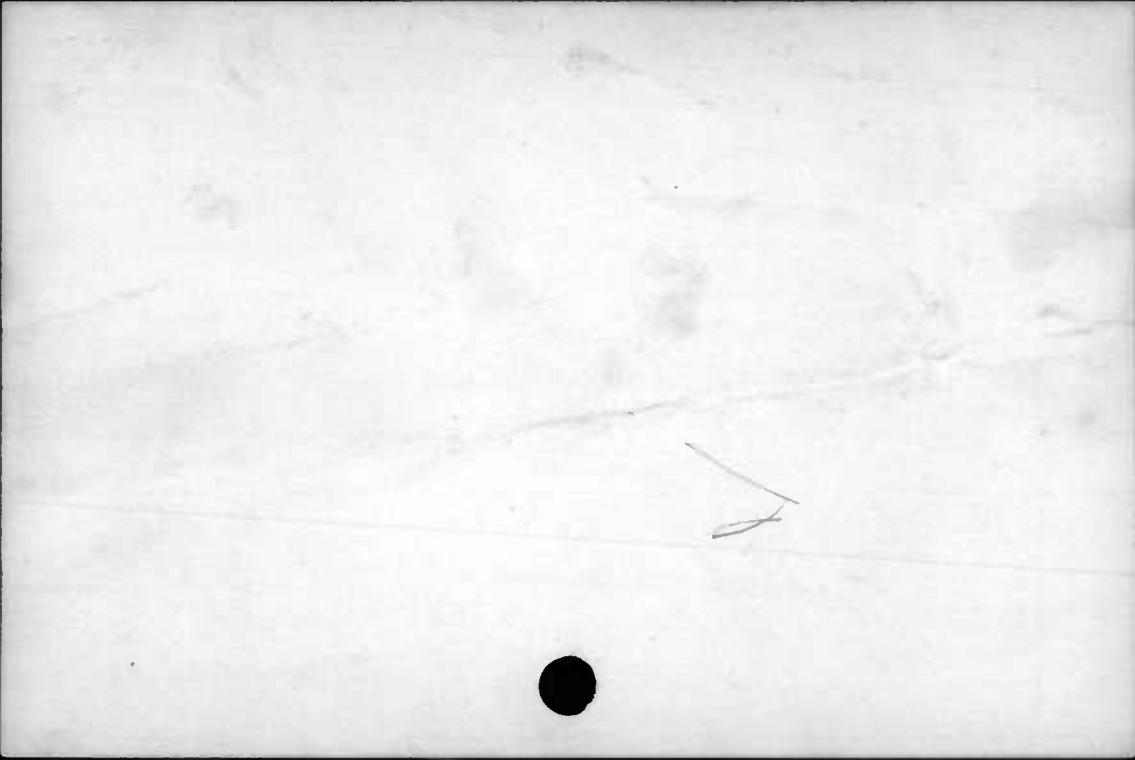
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Since Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i></i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



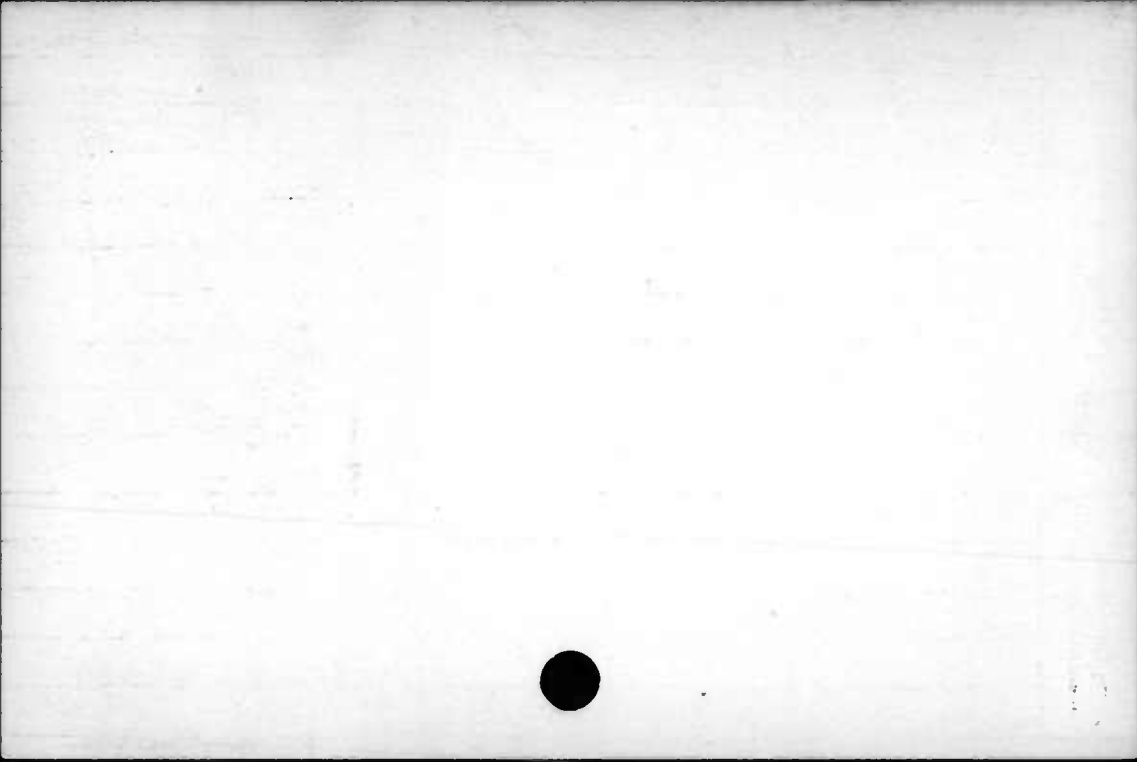
Name in Full		Gertude Shackney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Annapolis</i>		County <i>St</i>		MARYLAND	
	Date of death	1905	Month <i>June</i>	Day <i>23<sup>rd</sup></i>	Age <i>16 yrs</i>	Years	Months
	Sex	<i>Female</i>		Color or Race	<i>col</i>		
	Occupation	<i>House-work</i>		Where Residing if not at place of death <i>St. Louis Missouri</i>			
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	<i>Wm Shackney</i>				Father's Birthplace	<i>Missouri</i>
	Mother's Maiden Name	<i>Annie Shackney</i>				Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Mother</i>				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER  ①	Primary	<i>Tuberculosis</i>				How long	<i>Four months</i>
	Immediate	<i>Exhaustion</i>				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>John Ridout</i>		
	<i>yes</i>				Address <i>Annapolis Md</i>		
Accident or Suicide?							



Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at		A.A.				MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		June	4	22			
Sex		Color or Race		Birth-place			
Male		Black		A.A.B. Me			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Richard Hall		A.A. B. Me					
Mother's Maiden Name		Mother's Birthplace					
Mary S. Bridgely		" "					
Name of person giving information		How related to deceased					
Jerry Hall		Uncle					
CAUSES OF DEATH							
Primary		How long					
Typhoid		6 wks -					
Immediate		How long					
Heart Failure		1/2 hr -					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		H. J. Grant					
		Address					
		Millersville					
Accident or Suicide?							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ira Betris Hammond

CERTIFICATE OF DEATH

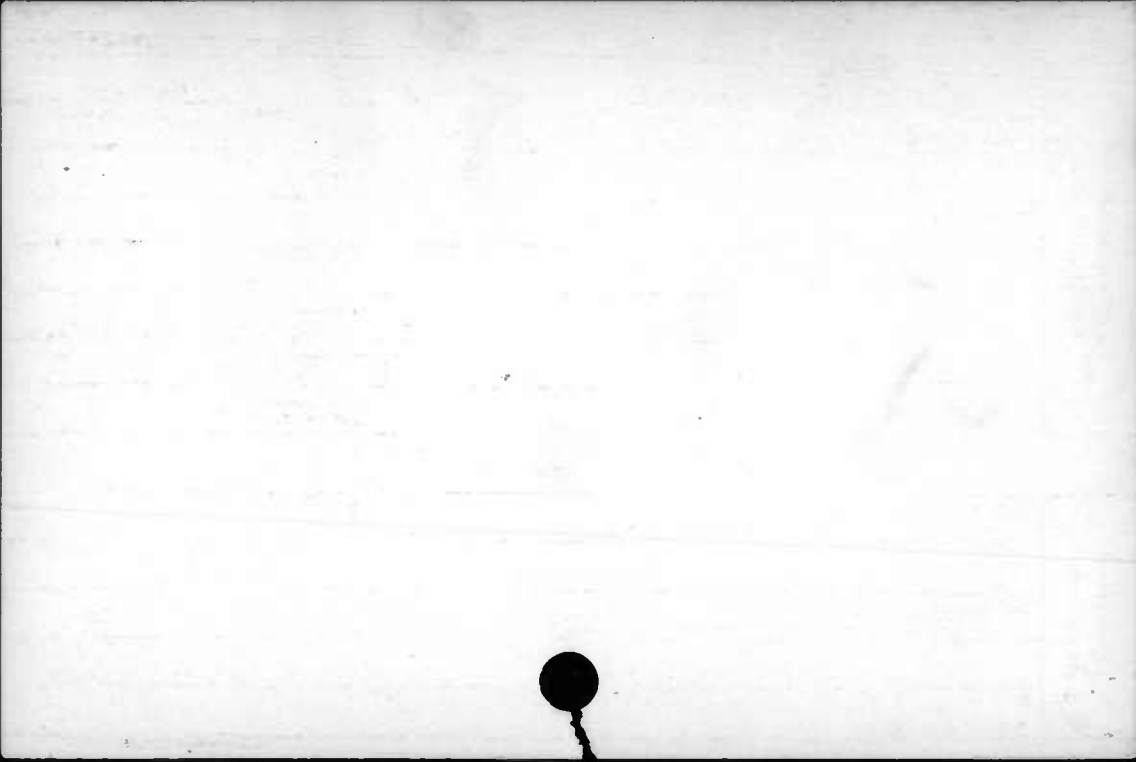
TO BE ANSWERED BY  
NEAREST FRIEND

Died at - <i>Odenton</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1905</i>	<i>6</i>	<i>23</i>	<i>23</i>	<i>2</i>	<i>20</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Odenton</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>			Name of Wife or Husband		
Father's Name <i>John T Hammond</i>			Father's Birthplace <i>Odenton</i>		
Mother's Maiden Name <i>Maud Virginia Hood</i>			Mother's Birthplace <i>Odenton</i>		
Name of person giving information <i>John T Hammond</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary	<i>Cholera Infantum</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. DuBrisch</i>	
		Address	
		<i>Gambrells</i>	
		<i>Old</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lucy Harwood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>Anne Arundel</u>		MARYLAND	
Date of death	1905	Month	June	Day	6	Age	60
Sex	Female		Color or Race	White		Birth-place	Annapolis, Md.
Occupation	Maids Lady			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William Harwood					Father's Birthplace	Annapolis,
Mother's Maiden Name	Hester A. Lockerman					Mother's Birthplace	Annapolis,
Name of person giving information	Hester Harwood					How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Anaemia	How long	Six months
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. Clements Lande Md.	
Address		908 John St. Annapolis, Md.	
Accident or Suicide?			

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Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Hope* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1905 Jan 13* Age *6 3/4* Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birthplace *A.A.Co.*

Occupation *Laborer* When Residing if not at place of death *106 South St.*

Married, Single or Widowed *Married* Name of Wife or Husband *Rachael Hope*

Father's Name *David Hope* Father's Birthplace *A.A.Co.*

Mother's Maiden Name *Dora Brown* Mother's Birthplace *—*

Name of person giving information *Richard Hope* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

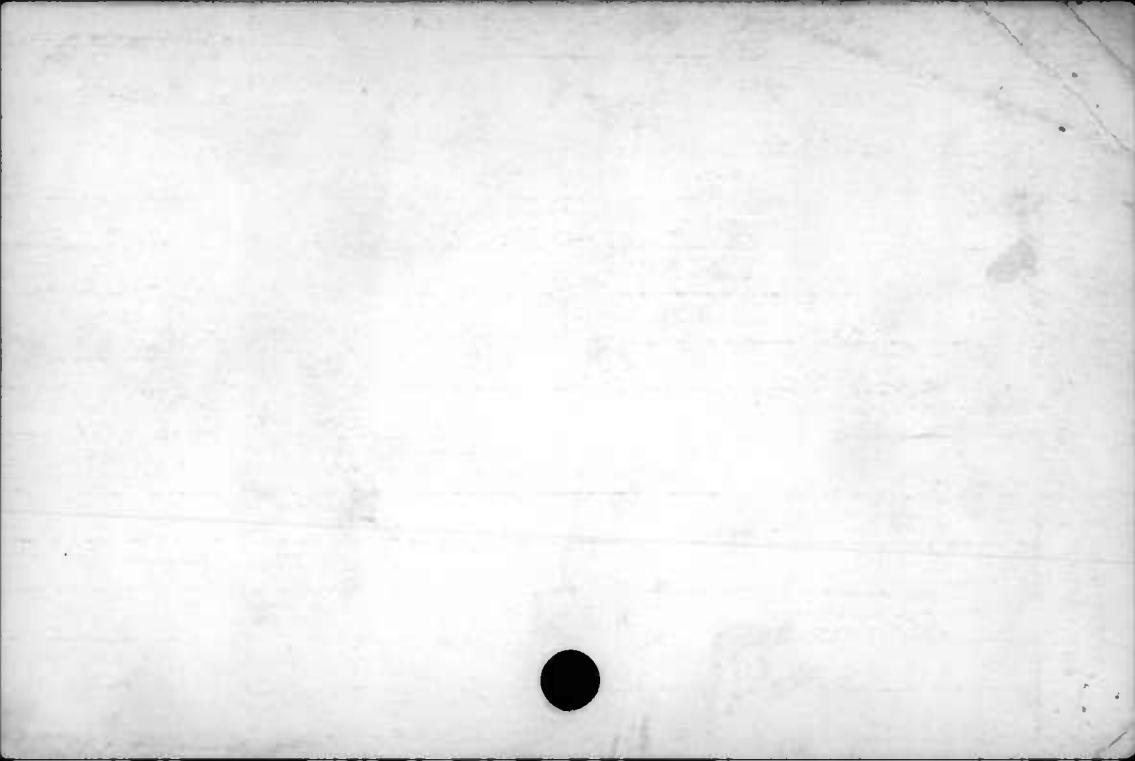
Primary *Asthma & Chronic Nephritis Exhaustion* How long *Months*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Ridout, M.D.* Address *Annapolis, Md.*

Accident or Suicide? *—*




Name  
in  
Full

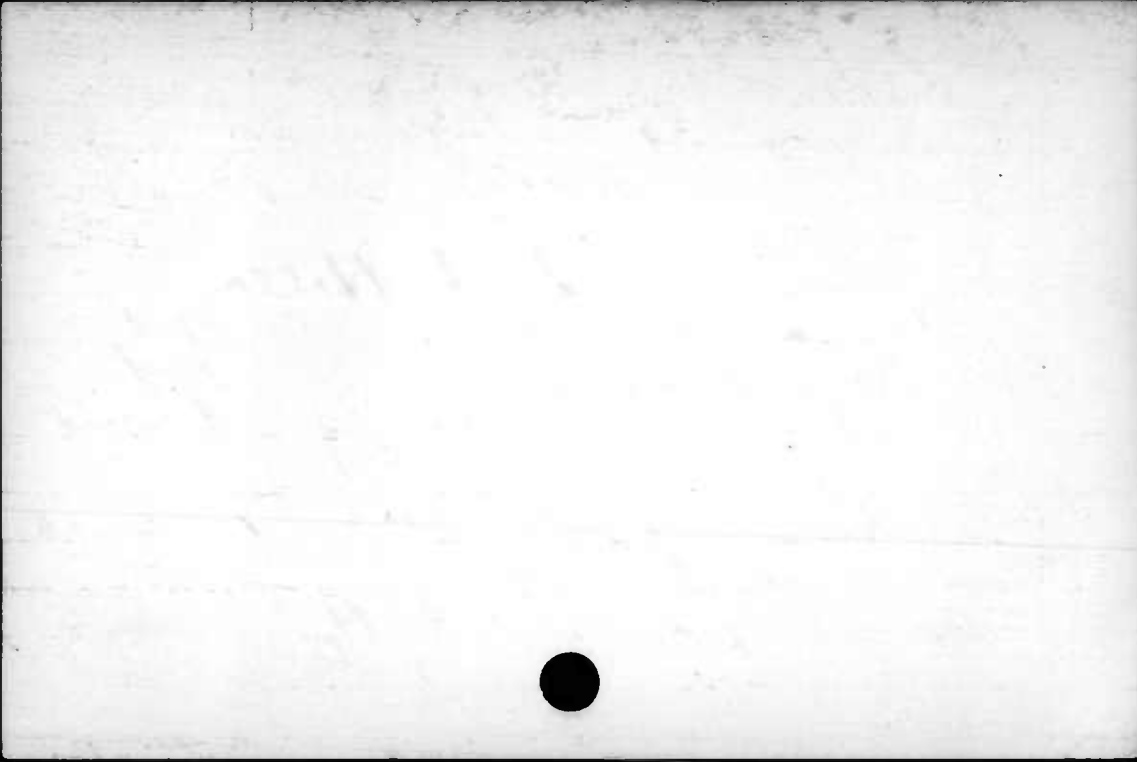
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Albert Halland</b>		Town <b>Naturelle</b>		County <b>Anne Arundel</b>		MARYLAND	
Died at <b>Naturelle</b>		Date of death <b>1905</b>		Month <b>June</b>		Day <b>21</b>	
Sex <b>Male</b>		Color or Race <b>Black</b>		Age <b>32</b>		Years <b>32</b>	
Occupation <b>Laborer</b>		Birth-place <b>Maryland</b>		Months <b>—</b>		Days <b>—</b>	
Where Residing if not at place of death <b>—</b>		Name of Wife or Husband <b>Sarah Halland</b>		Married, Single or Widowed <b>Married</b>		Father's Name <b>William Halland</b>	
Mother's Maiden Name <b>Mary Esley</b>		How related to deceased <b>Friend</b>		Mother's Birthplace <b>Ind</b>		Father's Birthplace <b>Ind</b>	
Name of person giving information <b>William Gross</b>							

## CAUSES OF DEATH

PHYSICIAN OR CORONER 	Primary <b>Tuberculosis</b>	How long <b>18 months</b>
	Immediate <b>Asthma</b>	How long <b>—</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>A. H. Perrie</b>
		Address <b>McKendree, Ind</b>
	Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Edison L. Haddon*

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1905 June 19* Age *2* Years *9* Months *2* Days *9*

Sex *Male* Color or Race *Colored* Birth-place *26 Trustwood*

Occupation *\_\_\_\_\_* Where Residing if not at place of death *26 Trustwood*

Married, Single or Widowed *Single* Name of Wife or Husband *\_\_\_\_\_*

Father's Name *Charles Haddon* Father's Birthplace *AdCo*

Mother's Maiden Name *Agnes Walker* Mother's Birthplace *AdCo*

Name of person giving information *Charles Haddon* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cholera Infantum* How long *Four days*

Immediate *Exhaustion* How long *100*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician *John Ridout M.D.* Address *Annapolis Md*

Accident or Suicide?

8

Name

in  
Full

Francis Janekyska

## CERTIFICATE OF DEATH

Died at *Wilhelms* <sup>Town</sup> *4 Roads*, *A. A. Md* <sup>County</sup> *MARYLAND*

Date of death *1905* <sup>Month</sup> *June* <sup>Day</sup> *26* <sup>Age</sup> *Years* <sup>Months</sup> *13* <sup>Days</sup> *9*

Sex *male* Color or Race *white* Birth-place *A. A. Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William Janekyska* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Korte* Mother's Birthplace *Germany*

Name of person giving information *William Janekyska* How related to deceased *father*

## CAUSES OF DEATH

Primary *Enterocolitis* *5* How long *2 weeks*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Frank Rube*

Address *Lansdowne Md*

Accident or Suicide? *—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bippel & Co -

Eastern - Ave - Cemetery -

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Louis Johnson* Town *Annapolis* County *Annapolis* MARYLAND

Died at *Annapolis*

Date of death *1906 June 29* Age *4* Months *11* Days *3*

Sex *Male* Color or Race *Colored* Birth-place *Chesapeake*

Occupation *School Boy* Where Residing if not at place of death *83 Gay St.*

☒ Married, Single ☐ or Widowed Name of Wife or Husband *Martha Johnson*

Father's Name *Charles Johnson* Father's Birthplace *Chesapeake*

Mother's Maiden Name *Mary Johnson* Mother's Birthplace *Chesapeake*

Name of person giving information *Mary Johnson* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *Three weeks*

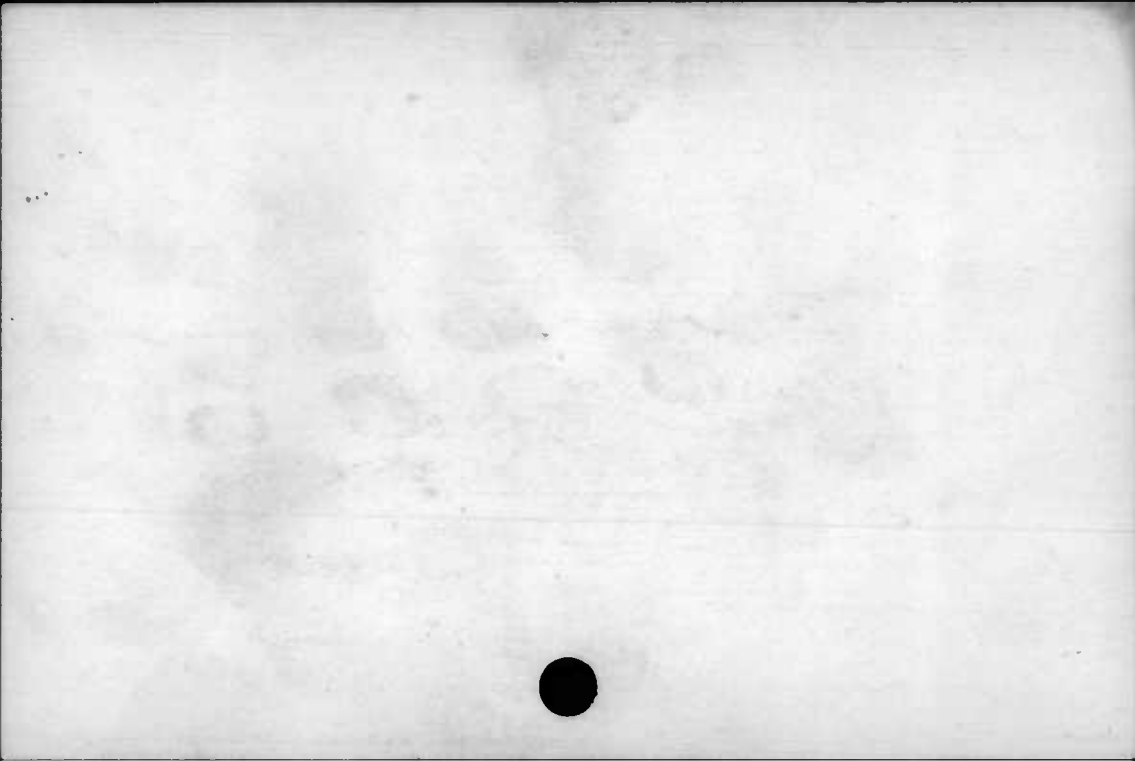
Immediate *Exhaustion* How long *Intestinal Perforation*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John R. Ridout M.D.*

Address *Annapolis Md.*

Accident or Suicide? ☐



Name  
in  
Full

## CERTIFICATE OF DEATH

Hazel Major

Town

County

Died at

Stoney Run A. H. Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905 June

26

Age

3

Sex

Female

Color or  
Race

Colored

Birth-  
place

Anne Arundell Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Emma Major

Mother's  
Birthplace

Anne Arundell Co

Name of person giving  
Information

Basil Hawkins

How related  
to deceased

Not related

## CAUSES OF DEATH

Primary

Measles

How long

2 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

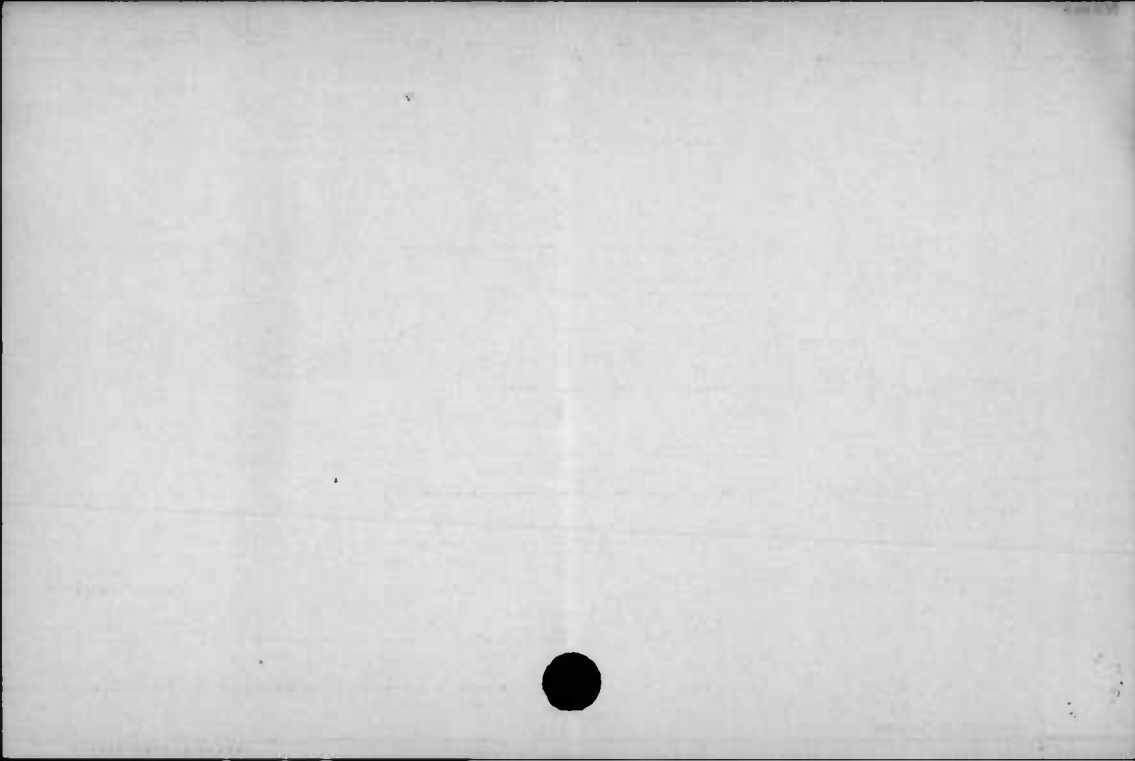
C. R. Winkerson

Address

Elkridge  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Gottlieb, Christian, Metyger

Town

County

Died at

Stony Creek

Anne Arundel

MARYLAND

Date

of death 1905

Month

6

Day

20

Years

Age

65

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Sailor

Where Residing if not  
at place of death

Baltimore City

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
in formation

Edward Murphy

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Drowned

How long

Immediate

Strangled

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

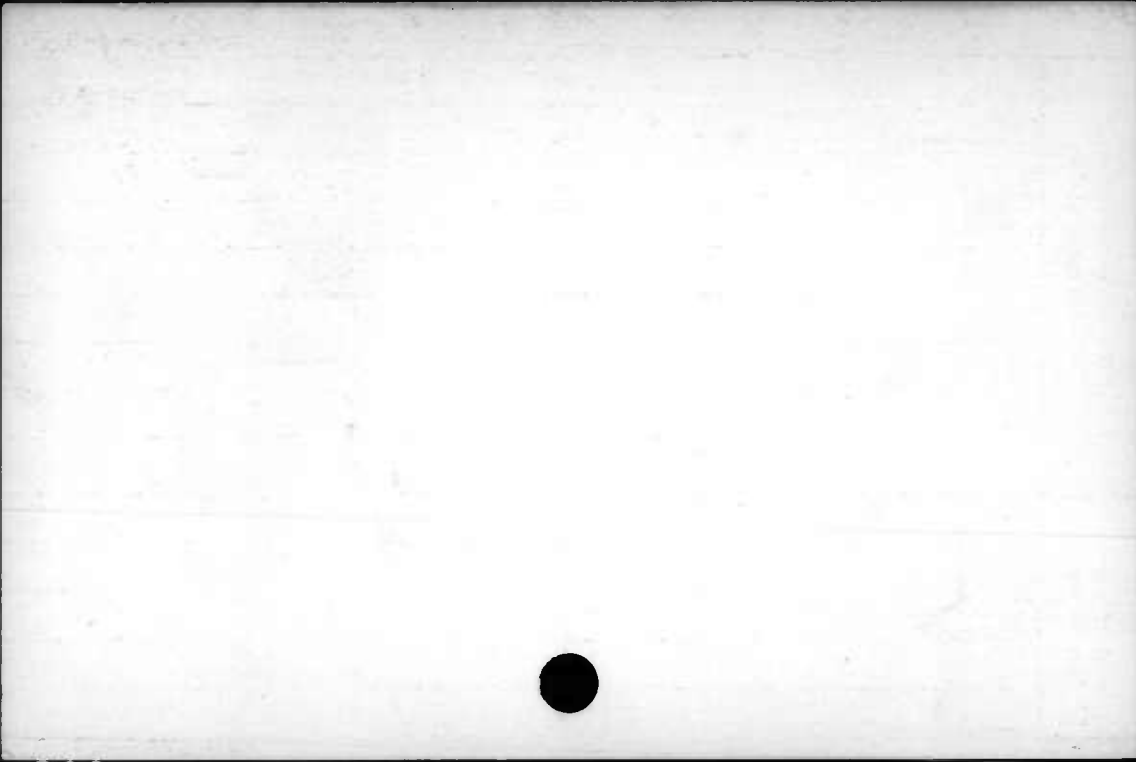
Signature of  
Physician

Wm. L. Hawkins

Address

Brooklyn

Accident or Suicide?



Name  
in  
Full

Rose DeLima Naughton

## CERTIFICATE OF DEATH

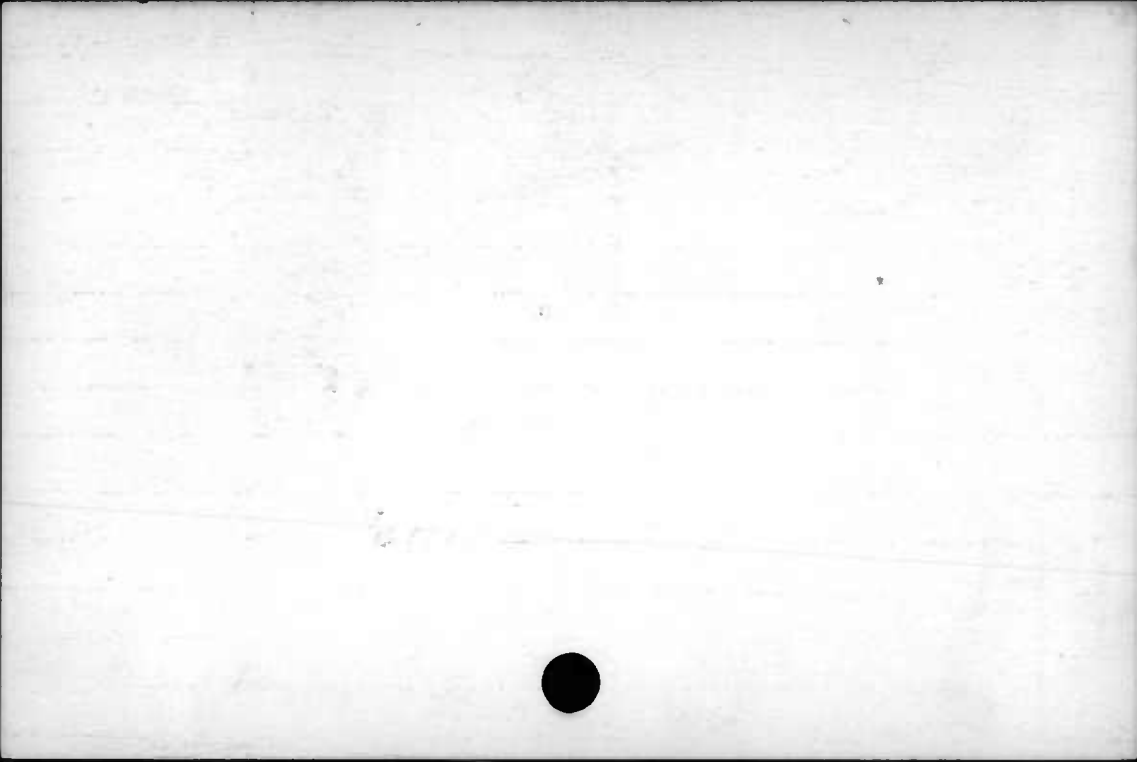
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1905	Month <i>December</i>	Day <i>29</i>	Age <i>6</i>	Months <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Annapolis Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Geo. F. Naughton</i>			Father's Birthplace <i>New Port R.I.</i>		
Mother's Maiden Name <i>Rose V. Naughton</i>			Mother's Birthplace <i>Brooklyn N.Y.</i>		
Name of person giving information <i>Father</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>about week</i>
Immediate <i>Congestion Brain</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. H. Thompson M.D.</i>
	Address <i>193 Church St. Annapolis, Md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

William Page

CERTIFICATE OF DEATH

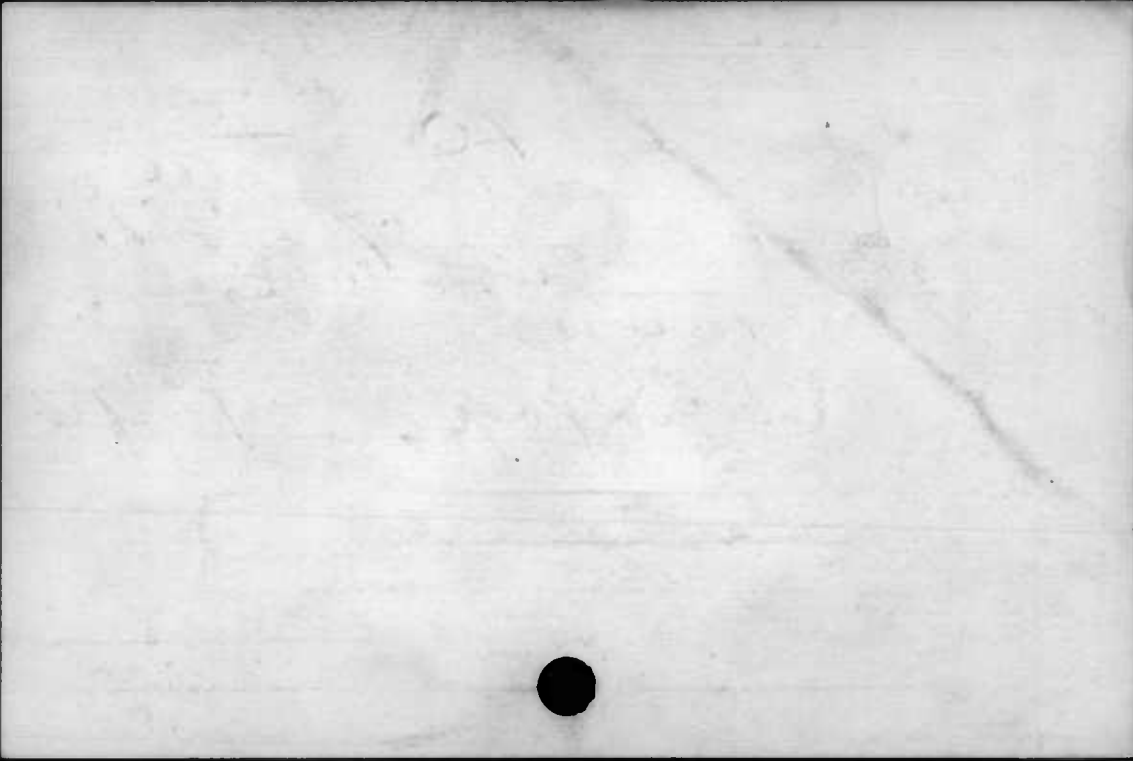
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <u>Anne Arundel</u> County		MARYLAND	
Date of death	190 <u>5</u> June 26	Age	40
Sex	Male	Color or Race	Colored
Occupation	Laborer	Birth-place	A.A.Co.
Where Residing if not at place of death		37 Clay St.	
Married, Single or Widowed	Married	Name of Wife or Husband	Elizer Page
Father's Name	Dont Recor	Father's Birthplace	
Mother's Maiden Name	"Elizer" Page	Mother's Birthplace	
Name of person giving information	Elizer Page	How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary	Valvular Disease	How long	Two months
Immediate	Of the heart Nephritis	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Ridout, M.D.
		Address	Annapolis Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>a a</i>		MARYLAND		
Date of death		1905	Month <i>6</i>	Day <i>7</i>	Age	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Annapolis</i>	
Occupation					Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband					
Father's Name			<i>Edward Parkinson</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name			<i>Bessie Vroth</i>			Mother's Birthplace <i>a a Co.</i>		
Name of person giving information			<i>Edward Parkinson</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stice-born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Louis B. Heupel Jr.</i>
<i>yes.</i>		Address	<i>Annapolis, Md.</i>
Residence Outside?			

W



Name  
in  
Full

Wm Lb Richardson

## CERTIFICATE OF DEATH

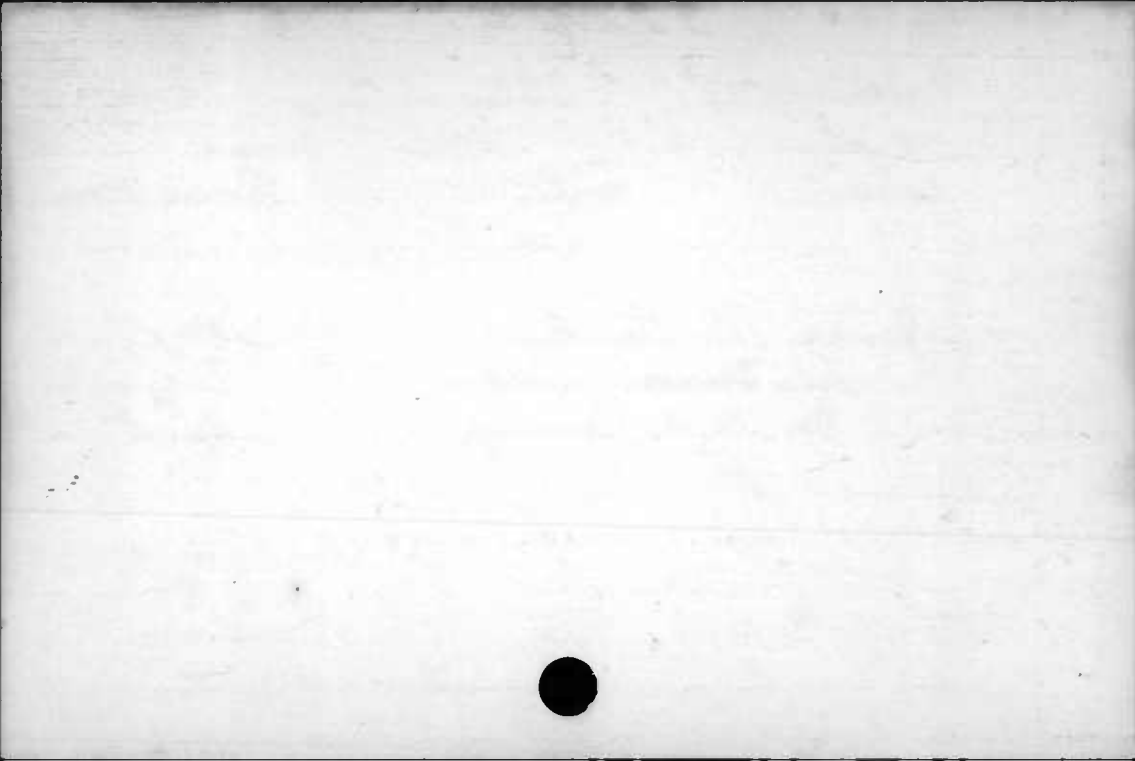
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>East Port</u> <small>Town</small>		<u>At</u> <small>County</small>		MARYLAND			
Date of death	<u>1905</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>27<sup>th</sup></u> <small>Day</small>	Age	<u>2</u> <small>Years</small>	<u>15</u> <small>Months</small>	<u>15</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>East Port</u>		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<u>Henry Richardson</u>		Father's Birth-place	<u>At Ab.</u>		
Mother's Maiden Name		<u>Estella Cornish</u>		Mother's Birth-place	<u>At Ab.</u>		
Name of person giving information		<u>Mother</u>		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>Since Birth</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>John Ridout M.D.</u>	
		Address	
		<u>Annapolis Md</u>	
Accident or Suicide?			



Name  
in  
Full

Mary A. Valk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis <sup>County</sup> All County -

Date of death 1905 June 27<sup>th</sup> Age One five Months Days

Sex female Color or Race white Birth-place Annapolis

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James R. Valk

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Ada Gordon Valk

Mother's  
Birthplace

Virginia

Name of person giving  
information

Mrs. M. A. Bonney

How related  
to deceased

Aunt

## CAUSES OF DEATH

Primary

Anemia &amp; Marasmus

How long

1 year

Immediate

Acute Enteric Colitis

How long

15 Wks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S. S. Appleburn M.D.

Address

Annapolis  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

W

Name  
in  
Full

Louis Logan Vertrees -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died <sup>Town</sup> in Chesapeake Bay

County

Date  
of death 1905

Month

6

Day

13

Age

Years

71

Months

5

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

See -

Occupation

Discripancy USA

Where Residing if not  
at place of death

A.S.S. Newark

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Vertrees?

Father's  
Birthplace

Ills

Mother's  
Maiden NameMother's  
Birthplace

Ills

Name of person giving  
In formation

C. H. J. Lowndes

How related  
to deceased

none

## CAUSES OF DEATH

Primary

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

C. H. J. Lowndes M.D.

Address

Kearl Academy  
Pineapolis Md

Accident

No

PHYSICIAN  
OR CORONER

1

Bucknell. Ill.

Name  
in  
Full

CERTIFICATE OF DEATH

*Thesdus Armington Walker*

Town

County

Died at *Annapolis Md*

MARYLAND

Date of death *1905* Month *June* Day *14* Age *—* Years *—* Months *9* Days *2*

Sex *male* Color or Race *Colored* Birth-place *Annapolis Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Charles Walker* Father's Birthplace *Annapolis Md*

Mother's Maiden Name *Annie Belle Pache* Mother's Birthplace *Severna*

Name of person giving information *Charles Walker* How related to deceased *father*

CAUSES OF DEATH

Primary *Marasmus* (151) How long *Months*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *John Ridout M.D.*

Address *Annapolis Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

6

Name  
in  
Full

CERTIFICATE OF DEATH

*Otto Amundsen Wargberg,*

Town

County

MARYLAND

Died at

*Annapolis, A.C.*

Date

of death

*1905 June*

Month

Day

Years

Age *41*

Months

Days

*3 5*

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Norway*

Occupation

*Sailor*

Where Residing if not  
at place of death

*U.S.S. Sauter*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*Otto Wargberg,*

Father's  
Birthplace

*Norway*

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
In formation

*From rec. of Ship Sauter*

How related  
to deceased

*—*

CAUSES OF DEATH

Primary

*Alcoholism*

How long

*2 or 3 days, during*

Immediate

*Drowning*

How long

*lost spleen, had  
been under influence  
of alcohol for  
some days before*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*W.A. Augwin, Surgeon,  
N.S.N., Annapolis, Md.*

Accident or Suicide?

*Accident*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORONER

